

Subject: [S] PREVENTIVE MEDICINE GUIDANCE FOR OPERATION
SILENT PROMISE

PRIORITY ROUTINE

P R 010628Z MAR 00

FM USCINCEUR VAIHINGEN GE//ECMD//

TO CDRFORSCOM FT MCPHERSON GA
CDRUSASETAF VICENZA IT//AESE-GO//
CDRUSASOC FT BRAGG NC
CDR10THSFGA FT CARSON CO
CDR1STBN10THSFGA VAIHINGEN GE
CINCLANTFLT NORFOLK VA//NO1/N3/N4E1//
USCINCSOC MACDILL AFB FL//SG//
USCINCFJCOM NORFOLK VA
CDRUSAREUR HEIDELBERG GE//AEAMD/AEAGC-0//
CDRUSAREUR HEIDELBERG GE//AEAGX/AEAGC/AEAGC-P//
CINCUSNAVEUR LONDON UK//00/01/N2/N3/N4/N6/N9//
CJCS WASHINGTON DC//DJS/J3/J4-LRC/J4-MRD/J5//
COMDT COGARD WASHINGTON DC
COMJSOC FT BRAGG NC
COMSOCEUR VAIHINGEN GE//CG/SOJ3/SOJ4/SOJ5//
CINCUSAFE RAMSTEIN AB GE//AOS-DO/AOS-AOX/AOS-AOR/SG//
CINCUSAFE RAMSTEIN AB GE//SGPM/SGPB//
HQ AFSOC HURLBURT FLD FL//SGX/SGP//
PAGE 2 RUFNOA0462 UNCLAS
HQ MARFOREUR BOEBLINGEN GE//CG/G3/G4/G5//
HQ USEUCOM LO WASHINGTON DC
USCINCCENT MACDILL AFB FL
USCINCEUR VAIHINGEN GE//ECJ1/ECJ3/ECJ4/ECMD/ECPA//
USCINCEUR VAIHINGEN GE//ECJ33/ETCC/ECCS/ECRA//
USCINCPAC HONOLULU HI
USCINTRANS SCOTT AFB IL

INFO RUEHC/SECSTATE WASHINGTON DC
SECDEF WASHINGTON DC
DIA WASHINGTON DC

THIS IS A 2 SECTIONED MSG COLLATED BY MDS
UNCLAS

SUBJ:PREVENTIVE MEDICINE GUIDANCE FOR OPERATION SILENT PROMISE

REF/A/ AFMIC CDROM, MEDICAL ENVIRONMENTAL DISEASE INTELLIGENCE
AND
COUNTERMEASURES/MAR 1998.

REF/B/ARTICLE, BOUDREAU, E. ET AL, TOLERABILITY OFPROPHYLACTIC
LARIAM REGIMENS, TROPICAL MEDICINE AND PARASITOLOGYPG 257-265
1:44
SEP 1993

REF/C/PUBLICATION, CENTERS FOR DISEASE CONTROL AND PREVENTION,
PAGE 3 RUFNOA0462 UNCLAS
HEALTH INFORMATION FOR INTERNATIONAL TRAVEL 1996-7, DEC 1996.

REF/D/NEHC TECHINCAL MANUAL NEHC-TM92-1 (CHANGE 1) AUGUST 1995,
NAVY
MEDICAL DEPARTMENT GUIDE TO MALARIA PREVENTION AND CONTROL
("MALARIA
BLUE BOOK").

REF/E/USARIEM TECHNICAL NOTE 93-6 JUN 93.

REF/F/ASD (HA) MEMO, 9 MAR 94, DNA TESTING REQUIREMENTS FOR
MOBILIZATION
//

1. THE FOLLOWING IMMUNIZATIONS AND CHEMOPROPHYLAXIS ARE REQUIRED
FOR
PERSONNEL DEPLOYING TO OPERATION SILENT PROMISE
A. HEPATITIS A VACCINE 1.0 ML IM (DELTOID) TWO SHOT SERIES, WITH
FIRST DOSE GIVEN AT LEAST 14 DAYS PRIOR TO DEPLOYMENT. SECOND
DOSE
WILL BE GIVEN BETWEEN 6-12 MONTHS LATER.
B. HEPATITIS B - ALL MEDICAL PERSONNEL AND OTHERS AT OCCUPATIONAL
RISK OF EXPOSURE TO BODILY FLUIDS ARE REQUIRED TO HAVE
DOCUMENTATION
OF HEPATITIS B VACCINE SERIES. ADULTS WITHOUT SIGNIFICANT MEDICAL
CONDITIONS REQUIRE A THREE DOSE SERIES. 1.0 ML (20 MCG ENGERIX-B,
10
MCG RECOMBIVAX HB-COLOR CODE GREEN) (DELTOID) DAY 0, 1 MONTH, AND
SIX MONTHS. THE NEED FOR BOOSTERS IS NOT YET DEFINED. THERE ARE
VARIOUS AGE AND MEDICAL CONDITIONS THAT AFFECT THE
PAGE 4 RUFGNOA0462 UNCLAS
RECOMMENDATIONS FOR THE PRIMARY SERIES AND BOOSTER REQUIREMENTS.
REFER TO THE PACKAGE INSERT, THE CURRENT PHYSICIAN'S DESK
REFERENCE
OR OTHER REFERENCES FOR FURTHER INFORMATION.
C. INFLUENZA - CURRENT VACCINE ADMINISTERED.
D. MEASLES VACCINE. ADULTS BORN AFTER 1956 MUST HAVE A SINGLE
DOSE
OF MEASLES VACCINE (MMR, MR, OR MEASLES ONLY). DOSE AND ROUTE MAY
VARY. WHEN ADMINISTERED WITH OTHER LIVE VIRUSES, GIVE ALL ON THE
SAME DAY, OR SEPARATE THE DOSES BY AT LEAST 1 MONTH.
E. MENINGOCOCCAL VACCINE. QUADRIVALENT (A, C, Y, W-135); SINGLE
DOSE
VACCINE 0.5ML SC. BOOSTER EVERY 5 YEARS. REQUIRED FOR ALL
OPERATION
SILENT PROMISE PERSONNEL WHO MAY COME IN CONTACT WITH INDIGINOUS
PERSONNEL.
F. ORAL POLIO - THREE DOSE PRIMARY SERIES PLUS ONE ADDITIONAL
DOSE
AS AN ADULT.
G. PNEUMOCOCCAL VACCINE: FOR ALL ASPLENIC PERSONNEL 0.5ML IM OR
SC
EVERY SIX YEARS.
H. RABIES VACCINE: PREEXPOSURE PROPHYLAXIS IS REQUIRED FOR
PERSONNEL
WITH OCCUPATIONAL EXPOSURE IAW SERVICE SPECIFIC GUIDELINES. THREE

DOSE PRIMARY SERIES. 1.0 ML IM (DELTOID) FOR IMOVAX RABIES
VACCINE
AND RABIES VACCINE ADSORBED OR 0.1 ML INTRADERMAL (DELTOID AREA)
FOR

PAGE 5 RUFGNOA0462 UNCLAS
RABIES VACCINE, IMOVAX RABIES ID ON DAY 0, 7, AND (21 OR 28).
BOOSTER DOSES ARE THE SAME AS FOR THE PRIMARY SERIES. BOOSTER
REQUIREMENTS VARY WITH EXPOSURE CATEGORY. INDIVIDUALS AT
CONTINUOUS
RISK SHOULD HAVE SEROLOGY EVERY 6 MONTHS WITH BOOSTER WHEN
ANTIBODY
TITERS FALL BELOW 1:5. INDIVIDUALS WITH FREQUENT RISK SHOULD HAVE
BOOSTER OR SEROLOGY EVERY TWO YEARS. INDIVIDUALS WITH INFREQUENT
RISK (GREATER THAN THE GENERAL POPULATION) SHOULD COMPLETE THE
PRIMARY SERIES, BUT THERE IS NO REQUIREMENT FOR BOOSTER OR
SEROLOGY.
PREEXPOSURE PROPHYLAXIS DOES NOT ELIMINATE THE NEED FOR PROMPT
POSTEXPOSURE PROPHYLAXIS. IT ONLY ELIMINATES THE NEED FOR RABIES
IMMUNE GLOBULIN AND REDUCES THE NUMBER OF INJECTIONS OF RABIES
VACCINE
NEEDED FOR POSTEXPOSURE PROPHYLAXIS.
I. TETANUS/DIPHThERIA - THREE DOSE PRIMARY SERIES. BOOSTER SHOTS
REQUIRED EVERY 10 YEARS; 0.5ML, IM (DELTOID).
J. TYPHOID - ONE OF THE FOLLOWING COURSES REQUIRED: (1)
INJECTABLE
(WYETH-AYERST TYPHOID VACCINE, USP) 2 DOSE PRIMARY SERIES, 0.5ML
SC
ON WEEK 0 AND 4; BOOSTER EVERY THREE YEARS, 0.5ML SC OR 0.1ML ID.
(2) ORAL TYPHOID. 4 DOSE ORAL SERIES, TAKEN ON DAYS 0, 2, 4, AND
6.
BOOSTER EVERY FIVE YEARS. (3) INJECTABLE (TYPHIM VI, LICENSED
1995).
PAGE 6 RUFGNOA0462 UNCLAS
ONE DOSE PRIMARY SERIES, 0.5ML IM. BOOSTER REQUIRED EVERY 2
YEARS.
UPON COMPLETION OF INITIAL SERIES, ANY PRODUCT MAY BE USED FOR
BOOSTER DOSES.
K. YELLOW FEVER VACCINE. SINGLE DOSE VACCINE EVERY TEN YEARS,
0.5ML
SC. IAW SERVICE GUIDANCE
L. MALARIA. FALCIPARUM AND OTHER FORMS OF MALARIA ARE PREVALENT
THROUGHOUT THE AREA OF OPERATION, PARTICULARLY DURING THE RAINY
SEASON OCT TO APRIL. ALL PERSONNEL WILL TAKE ANTIMALARIAL
MEDICATION, EITHER MEFLOROQUINE OR DOXYCYCLINE (CHLOROQUINE
RESISTANCE IS WIDESPREAD), SUBJECT TO MEDICAL SCREENING FOR
CONTRAINDICATING CONDITIONS. ALL PERSONNEL WILL PRACTICE
PERSONAL
PROTECTIVE MEASURES AGAINST MOSQUITO BITES AS FOLLOWS:
1) USE INSECT REPELLENT, CLOTHING TREATMENT (PERMETHRIN); NSN
6840-01- 278-1336, AEROSOL SPRAY OR IDA-KITS (NSN 6840-01345-
0237)
TO TREAT UNIFORMS. ONE CAN IS SUFFICIENT TO TREAT ONE BDU
UNIFORM.
AEROSOL SPRAY TREATMENT MUST BE REAPPLIED AFTER A MAXIMUM OF 5
WEEKS
OR 5 LAUNDERINGS, OR MORE FREQUENTLY IF PROTECTION IS INADEQUATE.

UNIFORMS TREATED WITH THE IDA-KIT ARE PROTECTIVE FOR UP TO 6 MONTHS.

2) USE INSECT REPELLENT. PERSONAL APPLICATION (DEET), NSN 6840-01-284-3982. THIS LOTION APPLIED DIRECTLY TO THE SKIN PROTECTS

PAGE 7 RUFGNOA0462 UNCLAS

AGAINST

BITING INSECTS FOR UP TO 12 HOURS PER APPLICATION. MORE FREQUENT APPLICATION MAY BE REQUIRED IN HOT CLIMATES OR HEAVY RAINS.

3) USE BEDNETS WHICH HAVE BEEN TREATED WITH PERMETHRIN TO PREVENT MOSQUITO BITES AT NIGHT.

4) PROPER USE OF THESE PERSONAL PROTECTIVE MEASURES WILL PROVIDE NEARLY 100 PERCENT PROTECTION AGAINST MALARIA.

//

2. PREVENTIVE MEDICINE BRIEFING. ALL DEPLOYING PERSONNEL WILL BE BRIEFED BY PREVENTIVE MEDICINE OR OTHER MEDICAL PERSONNEL ON THE FOLLOWING ISSUES:

A. ENDEMIC DISEASES; SPECIFICALLY THE INFECTIOUS DISEASE RISK AS OUTLINED IN THE ARMED FORCES MEDICAL INTELLIGENCE CENTER'S

(AFMIC)

MEDICAL ENVIRONMENTAL DISEASE INTELLIGENCE AND COUNTERMEASURES (MEDIC). SPECIAL ATTENTION SHOULD BE GIVEN TO INFORMATION

REGARDING

WATER-BORNE DISEASE, MALARIA, AND MALARIA PREVENTION.

B. WATER AND FOOD CONSUMPTION; NO FOOD OR WATER IS TO BE CONSUMED UNLESS FIRST APPROVED BY U.S. MILITARY MEDICAL AUTHORITIES.

C. FIELD SANITATION.

D. PERSONAL HYGIENE. GOOD HYGIENE INCLUDES FREQUENT HANDWASHING, PROPER DENTAL CARE, MAINTENANCE OF CLEAN, DRY CLOTHING

(ESPECIALLY

SOCKS, UNDERWEAR, AND BOOTS), AND BATHING WITH WATER FROM AN APPROVED SOURCE. IF A SHOWER IS NOT AVAILABLE, WASH SITES OF PERSPIRATION WITH A WASHCLOTH DAILY. BABY WIPES ARE USEFUL ALTERNATIVES. CHANGE SOCKS AS FREQUENTLY AS PRACTICAL. FOOT

POWDER

WILL HELP PREVENT FUNGAL INFECTIONS.

PAGE 3 RUFGNOA0463 UNCLAS

E. HEAT INJURY PREVENTION - THIS MAY BE THE GREATEST OVERALL

THREAT

TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ACCLIMATIZATION

MAY

TAKE 10-14 DAYS. INSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS OF HEAT INJURY PREVENTION TO INCLUDE: (1) COMMANDERS INSIST THAT PERSONNEL DRINK ADEQUATE

WATER

TO PREVENT DEHYDRATION (UP TO TWO QUARTS PER HOUR UNDER SEVERE HEAT/WORK CONDITIONS). (2) SCHEDULE WORK DURING THE COOLEST TIMES OF THE DAY. ESTABLISH APPROPRIATE WORK-REST CYCLES BASED ON WBGT.

(3) CONDITIONS THAT INCREASE VULNERABILITY TO HEAT INCLUDE DIARRHEA, SKIN TRAUMA, DRINKING ALCOHOL, FEVER, OBESITY, OLDER

AGE,

POOR PHYSICAL CONDITION, AND THE USE OF DRUGS (ATROPINE, ANTIHISTAMINES, OR "COLD" MEDICATIONS)

F. PETS. INFORM PERSONNEL THAT NO, REPEAT NO, ANIMALS ARE TO BE KEPT AS PETS OR MASCOTS. BOTH WILD AND DOMESTIC ANIMALS ARE INFECTED WITH A VARIETY OF ZOOONOTIC DISEASES THAT CAN BE

TRANSMITTED

TO HUMANS, AND CAN HARBOR VECTORS CAPABLE OF TRANSMITTING
DISEASES
TO HUMANS (INCLUDING RABIES AND LEISHMANIASIS) THAT HAVE A HIGH
POTENTIAL FOR ADVERSELY AFFECTING THE HEALTH OF THE COMMAND.
G. SEXUALLY TRANSMITTED DISEASES (STD'S) - INFORM PERSONNEL
THAT
HIV (AIDS) IS PRESENT AT HIGH LEVELS THROUGHOUT SUBSAHARAN
AFRICA,
PAGE 4 RUGNOA0463 UNCLAS
INCLUDING THE OPERATION SILENT PROMISE AOR. OTHER SEXUALLY
TRANSMITTED DISEASES ARE ALSO COMMON. ABSTINENCE IS THE ONLY WAY
TO
ENSURE PREVENTION OF STD'S. IN MOST CASES, IT IS IMPOSSIBLE TO
DETECT A SEXUALLY TRANSMITTED DISEASE IN A POTENTIAL SEXUAL
PARTNER.
LATEX CONDOMS SHOULD BE MADE AVAILABLE FOR ALL WHO CHOOSE TO BE
SEXUALLY ACTIVE. PROPER USE INCLUDES PLACEMENT PRIOR TO FOREPLAY,
USE OF NON-PETROLEUM LUBRICANT TO DECREASE BREAKAGE, AND USE A
NEW
LATEX CONDOM WITH EACH SEXUAL CONTACT. ENCOURAGE PERSONNEL TO
PROMPTLY SEEK EVALUATION FOR SYMPTOMS OF ANY SEXUALLY TRANSMITTED
DISEASE. SYPHILIS, GONORRHEA, AND OTHER COMMON STD'S ARE ENDEMIC
AT
MODERATE LEVELS.
//
3. OTHER MEDICAL REQUIREMENTS.
A. TUBERCULOSIS SCREENING: TUBERCULIN SKIN TEST (MANTOUX) OR
CLINICAL EVALUATION FOR PPD REACTORS - ALL INDIVIDUALS WILL
PRESENT
DOCUMENTATION OF TUBERCULOSIS SCREENING WITHIN 12 MONTHS OF
DEPLOYMENT. INH PROPHYLAXIS SHOULD NOT DISQUALIFY MEMBERS FROM
DEPLOYMENT. DO NOT RECOMMEND ROUTINE DEPLOYMENT OF MEMBERS ON
MULTIPLE DRUG REGIMENTS FOR MYCOBACTERIAL INFECTIONS. MEMBERS
WITH
SPECIAL NEEDS SHOULD BE EVALUATED BY A HEALTH CARE PROVIDER.
PAGE 5 RUGNOA0463 UNCLAS
B. DISEASE SURVEILLANCE PROGRAM. . ENSURE ALL PERSONNEL COMPLY
WITH DEPLOYMENT HEALTH SURVEILLANCE AS DEFINED IN CJCS MEMO DATED
04
DEC 98 AND DIRECTED BY USEUCOM/ECMD. THIS APPLIES TO ALL
PERSONNEL
DEPLOYED 30 DAYS OR LONGER TO A LAND-BASED LOCATION OUTSIDE THE
UNITED STATES THAT DOES NOT HAVE A PERMANENT U.S. MILITARY
MEDICAL
TREATMENT FACILITY. REQUIREMENTS, INSTRUCTIONS, AND FORMS FOR
BOTH
PRE AND POST DEPLOYMENT HEALTH SURVEILLANCE ARE PROVIDED ON THE
UNCLASSIFIED EUCOM WEBSITE,
[HTTP://WWW.EUCOM.MIL/HQ/ECMD/PREVMED/INDEX.HTM](http://WWW.EUCOM.MIL/HQ/ECMD/PREVMED/INDEX.HTM)
<[HTTP://WWW.EUCOM.MIL/HQ/ECMD/PREVMED/INDEX.HTM](http://WWW.EUCOM.MIL/HQ/ECMD/PREVMED/INDEX.HTM)> (ALL LETTERS LOWER
CASE).
C. UNITS SUPPORTING OPERATIONS IN THIS REGION WILL ENSURE THAT
OVERSEAS PROCESSING, TO INCLUDE DNA COLLECTION AND HIV SCREENING
ARE ACCOMPLISHED PRIOR TO DEPLOYMENT OF PERSONNEL FROM HOME
STATION
IAW SERVICE GUIDELINES.
D. OTHER USEUCOM PREV MED GUIDANCE CAN BE FOUND AT THE WEB SITE

LISTED ABOVE.
E. POC IS LTC JORDAN COMMERCIAL PHONE +49 711 680 58 64, DSN
430-5864, UNCLAS FAX -6410, E-MAIL <JORDANR@EUCOM.MIL
<<mailto:JORDANR@EUCOM.MIL> <<mailto:JORDANR@EUCOM.MIL>> >> (ALL LOWER
CASE)

PAGE 6 RUFGNOA0463 UNCLAS

BT
NNNN

Section 1: PSN
Section 2: PSN